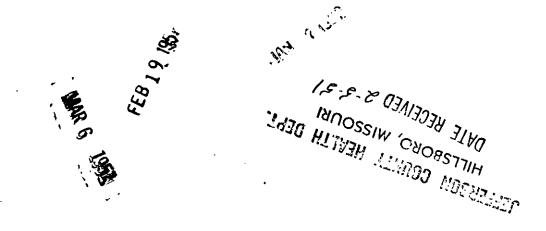
. No.300	FEB 12 1951 THE DIVISION OF HEALTH OF MISSOURI	1591		
10-48	STANDARD CERTIFICATE OF DEATH State File No			
_1	BIRTH NO. 18 W REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 15 9 Registrar's No	<u>6</u>		
coille	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Inst	itution: residence before		
7	a. COUNTY Jefferson a. STATE MISSOURI b. COUNTY BO	Ilinger		
)	b. CITY (If outside corporate limits, write RURAL and give C. LENGTH OF OR OR TOWN R	ship)		
A	- I I I I I I I I I I I I I I I I I I I			
OR	d. FULL NAME OF (If not in hospital or institution, give street address or location)  d. STREET  (If rural, give location)  ADDRESS	, 7		
RECORD	INSTITUTION /+1-Way 6/-67 JcT Valles Mides /VIarquand Rto	<u>。/</u>		
1 ]	3. NAME OF a. (First) b. (Middle) C. (Last) 4. DATE (Month) OF	(Day) (Year)		
PERMANENT	(Type of Print) Sarah Lacy Jones DEATH Jan  5. SEX 4 6. COLOR OR RACE 1.7. MARRIED NEVER MARRIED 1.8. DATE OF RIRTH 1.9. AGE (In propil of process)	28-1951		
B	WIDOWED, DIVORCED (Specify) last birthday) Months	Days Hours   Min.		
1 3	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR IN- 11. BARTHPLACE (State or foreign grountry)	511		
/ Fg	done during most of working life, even if retired)  DUSTRY	12. CITIZEN OF WHAT COUNTRY?		
ī	13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE	<u>4.8.4.</u>		
<b>▼</b>	wom Kitahara Calla 1: 7	•		
Œ	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME	ADDRESS		
МАКЕ	(You, no. or unknown) (If you, give war or dates of service)	t OLD		
	18 CAUSE OF DEATH MEDICAL CERTIFICATION	INTERVAL BETWEEN		
INK	Enter only one causo per   1. DISEASE OR CONDITION	ONSET AND DEATH		
1		<del></del>		
CK	*This does not mean the mode of dying, such Morbid conditions, if any, giving DUE TO (b)			
BLA	as heart fallure, asthenia. rise to the above cause (a) stating			
- 1	ease, injury, or compilication DUE TO (c) Shall fracture	08161		
NG	tion which caused death. II. OTHER SIGNIFICANT CONDITIONS	2 6		
	Conditions contributing to the death but not related to the disease or condition causing death.	<i>y</i> -		
UNFADING	19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?		
5		YES NO X		
Ö	21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., in or about SUICIDE (home, farm, factory, street, office bldg., etc.) 21c. (COUNTY)	(STATE)		
SIS	HOMICIDE (CCcdent JEFFESSON COUNTY 12. WAY 614) & Callon . Heres	1100		
PLAINLY—USING	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  INJURY / 7/8 J/ 3:05m. WHILE AT NOT	Truck		
ż				
<b>E</b>	22. I hereby certify that I attended the deceased from, 19, to, 19, that I last saw the deceased alive on, 19, and that death occurred at m., from the causes and on the date stated above.			
ן נַ	23a. SIGNATURE ( (Degree or title)   23b. ADDRESS -	23c. DATE SIGNED		
li li	Destus, Mo	1/29/11		
WRITE	24d. BURIAL JEREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or count TION, REMOVAL (Broadly)	y) (State)		
¥.	Burial 1 1-31-51 Pleasant Valley Marguand	Mo		
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 2 140 5. FUNERAL DI RECTOR'S SIGNATURE AD	PESS		
	2-3-51 REG. Marie Former Baker Funeral Home	Lutesr, 110		
	(Licensed Embalmer's Statement on Reverse Side)	M 0.		



## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on	n the reverse side of this	certificate was embalmed by	me, or by

working under my personal supervision.

Signed Cleman Journe

Student Embalmer

P. O. Address Leslus

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.